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Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

[*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

It will be most convenient to commence the study of cholera with its pathology, and in doing so, the appearances after death first invite attention.

Pathological Appearances.

One of the most constant and peculiar changes noticed in the body of persons who have died of cholera, is a bluish, violet discoloration of skin, extending, more or less, over the whole surface, and never entirely absent near the nails, the inner surfaces of the hands and feet, the genitals, lips, ears, etc. The skin frequently, and especially in the palms, is wrinkled, like the hands of a washer-woman.

A remarkable feature of cholera is the early, somewhat severe, and long-continuing *rigor mortis*. It has been observed to set in during the first two hours after death, and there is an instance recorded, where it took place in forty minutes. Again, in persons, dead of cholera, there have been noticed certain strange *movements of the muscles*, showing that muscular contractility is preserved for a certain length of time after death, and can be called into play by the application of proper stimuli. Though death has taken place, the power of the muscles to contract is not lost. This phenomenon has been observed after death from other causes,—such as apoplexy, cases of rapid yellow fever, and hanging,—but in cholera it is of much more frequent occurrence and striking character. These muscular movements are almost always quite slow. In one instance recorded, the arms of a patient, who had died of cholera, slowly moved from his sides upon his chest, clasping his hands; in another instance, the eyelids, which were shut, opened, and the eyes moved so as to be cast down; in other cases the muscular movements were more extended, and somewhat more forcible, giving them, as it were, the character of convulsive movements. These movements are occasionally so marked as to lead to the suspicion that the patient is not yet dead.

It is not uncommon to find the *temperature of the body*, which at the time of death, is considerably below the normal point, soon afterward begin to *rise*, and its elevation by one and a half to three degrees is common. Sometimes it rises even higher than the temperature of the surrounding atmosphere. This rise of temperature is especially marked in the axilla, the region of the heart, the mouth. So remarkably striking was this fact in one case, recorded by an English physician, that he was led to believe there was still a lingering spark of vitality left, and the body was surrounded in sawdust for two days, electricity applied, and other means resorted to, to sustain what life there might be dormant. But after two days it became apparent that death was positive; remarkable, however, that even at the lapse of that period the temperature had not materially fallen. This same increase in the temperature has been observed after death from other diseases; for instance, yellow fever, pneumonia, but it is much more common in cholera, and forms one of its marked features.

In turning to the organs in the interior of the body, it matters little where we begin, as changes are to be observed more or less throughout.

Brain. It is customary to find the brain the seat of considerable congestion; the vessels of the dura mater, the sinuses, the vessels of the pia mater, and of the brain itself, are more or less gorged, and show evidence of the presence of a more than usual allowance of blood. Especially is this the case, when death has been preceded by stupor or coma. But it is not by any means well marked in *all* cases; in greater or less degree, perhaps very nearly in one half. In another class of cases, serous effusion is found in considerable quantity, and the effusion is occasionally stained with blood.

The *spinal cord* is not found to have undergone much change. Sometimes it is a little stained,—there seems to be a disposition in the course of the disease to stain the various organs—but otherwise, neither in the spinal cord, nor in the *medulla oblongata*, have any decided changes been noticed, sufficient to account for, or to establish a necessary connecting link with symptoms during life.

The *semilunar ganglia*, and the ganglionic system of nerves generally, have been made objects of exploration by most observers, particularly as the phenomena of the disease, to which allusion will be made further on, seem to bear important relations to the ganglionic centres; but though some marked changes have occasionally been observed, such as softening, or enlargement of the ganglia; the general summing up, as far as observation has extended, is, that they present no special lesion of a constant character.

Alimentary canal. It is in the alimentary canal where the disease seems to expend its principal force, and consequently it is here that the most important changes are found. These changes are noticed in the *mouth*. The secreting follicles in the fauces are elevated and reddened; so also of the tongue and tonsils.

The *œsophagus*, almost uniformly in its lower portion, and sometimes above, is observed to be reddened, and to have lost its epithelial covering.

The *stomach*, in many instances, presents changes of a marked character, while in other cases it shows only a pale or yellowish appearance. In some cases it is studded with little elevations, in others its mucous surface is the seat of a punctate injection. The first condition is generally found when there has been a great deal of vomiting. This elevation of the solitary glands, standing out more or less prominently, and filled with a fluid material, similar to the condition found in Brunner's glands, is well represented by some of the plates in Pirogoff's illustrated work. In some specimens the food is found to remain entirely undigested in the stomach after severe vomiting; a fine illustration of this is given by Pirogoff, where the stomach is shown to contain a mass of undigested mushrooms, (much eaten in Russia during the season of lent,) while the punctate injection of the organ is marked. Another specimen, also from Pirogoff, shows extensive spots of ecchymosis and exudation of a granular sort, analogous to the exudation of diphtheria.

At other times the stomach scarcely shows any change. Almost invariably, however, it is found at least to have undergone some increase in thickness, if the varieties of appearances already indicated are not well marked. A mammelated appearance is also noticed. All these things show pretty clearly that there has been a decided change from the healthy function of the organ, that it has been subject to hyperæmia, or inflammatory hyperæmia.

Descending to the *small intestines*, these are generally found pale and œdematous, there is swelling of the valvulæ conniventes, especially of the upper part of the small intestines; the papillæ are enlarged. In many instances, after death, a pretty abundant injection of the blood-vessels of the mucous membrane is found, such as is seen in a specimen shown, where the lower part of the ilium particularly is the seat of increased vascularity. The ilium is generally more liable to suffer marked changes. In many cases, as in the present specimen, the injection or increased vascularity is arborescent. Again, as seen in another specimen presented, one of the striking changes consists in a pretty abundant ecchymosis, while the arborescent vascularity is still better illustrated in a third specimen, in which the minute individual vessels are quite clearly defined.

Perhaps the most common change here observed consists in an enlargement of the solitary glands, containing a serous, pus-like fluid, or granular matter. These little sacs, which constitute the glands of Brunner, do not always attain to a size distinctly observable with the naked eye; but, in most instances, by the aid of the microscope they are found to contain some abnormal substance or deposit. The glands or patches of Peyer are similarly affected, elevated, and rendered prominent by deposit of the same material, and in some cases they are found to have burst. This change is well illustrated in another specimen here presented.

Again, the epithelium, which naturally covers the intestinal canal, is found to be wholly or partially removed. Generally, the detachment of the epithelium is only partial, parts of it hanging loose; but, still a great deal of it is entirely thrown off. This pathological feature of cholera has especially been demonstrated by several Philadelphia physicians, during the epidemic of 1849—principally by Dr. Neil.

An exudation occurs in the progress of this disease, most noticeable in the typhoid condition, granular, either on the surface of the intestine or in its tissue. In many cases, the elevated follicles are surrounded by a ring of injection. In the progress of the disease, this sort of diphtheritic exudation may break down the tissue and cause ulceration and death of the parts. Wher-

ever this granular matter is abundantly infiltrated, sloughing and ulceration are liable to occur. The cases in which the amount of ecchymosis in the intestines is very abundant, have been termed by Pirogoff dysenteric cholera.

The *mesenteric glands* are ordinarily found to have undergone a change. They appear more vascular than natural, and frequently moderately enlarged—sometimes very much so.

It is manifest then, from the post-mortem appearances already referred to, that there are changes in the intestinal canal, of an inflammatory origin, and extending through the whole tract. On the *peritoneal surface*, little is seen. Pirogoff thinks that at the beginning there is considerable injection of the peritoneum; generally, it is described as dry and vascular. The occurrence of a fine granular matter on the peritoneal surface has been observed, but not sufficiently often to characterize it as one of the common changes.

Large intestines. Changes analogous to those described in the small intestines are found in the large. But, in general, the whole is not found in the same condition. The vascularity here is arborescent rather than punctate; the granular deposit is also found here, and cases have been noticed, where parts of the mucous membrane had sloughed away. In some specimens deposition of a fibrinous matter has been observed.

But such marked lesions of the intestinal tract as have been described, are not found in every case. Paleness, a little œdema, detachment of epithelium, and the commencement of the deposit described, are frequently all that can be discovered.

The *liver* is not in a uniform condition. As a general rule, it is pale and exsanguinated—occasionally moderately engorged; in a majority of cases there is no excess of blood in the organ, nor any marked characteristic change. Pirogoff thinks that he has occasionally found circumscribed fatty degeneration of the liver and diphtheritic deposit in the gall-bladder. The gall bladder is generally found full of bile, of a darker hue than natural, and in rare instances—one in forty—containing no bile, but a purulent or plastic material.

In the *kidneys* no very marked changes are found. In most cases there is increased vascularity, chiefly in the venous renal circulation, and generally also we find pretty free exfoliation of the epithelium of the tubes extending down to the ducts. When the disease has progressed to the typhoid condition, an appearance has been noticed by some pathologists, particularly by Virchow, which closely resembles the condition of the kidney found in acute cases of Bright's disease, and which has been denominated albuminous nephritis. A marked change in the secretion of the organ is observed in these cases. There is some analogy to Bright's disease in this condition, only with this difference, that the incursion and progress of the renal affection of cholera is rapid beyond all comparison with the disease mentioned.

The *spleen* in cholera has not been observed to be the seat of marked changes. It is flabby sometimes, and in regions in which malarious influences are dominant, it has been noticed to be enlarged and to present other abnormal appearances. This, however, is due undoubtedly to previous action of malarial poison.

The *bladder* is found to be contracted and almost always nearly empty. It is hardly ever discovered to contain healthy urine. That which it contains is creamy or milky; it has sometimes been described as purulent, but whether it is pus, is very doubtful. The creamy, milky, or purulent appearance is most likely owing to considerable quantities of epithelium, cast off from the kidneys and bladder. The quantity of this abnormal fluid which the bladder contains is ordinarily about two or three drachms.

If we turn to the *larynx* and *thorax*, not so many instructive facts are met with as in the alimentary canal. Still it is noticeable that there is generally a considerable degree of vascularity in the larynx, that the vocal cords are injected and swollen by œdema. The *lungs* in many cases are entirely healthy; in some they are the seat of apoplectic effusions, and in those who die late in the progress of the disease, during the typhoid stage, consolidation and pneumonia are not unfrequent. It has been noticed by almost all observers, that a small proportion of those who die show tubercles in the lungs, which, if it does not prove that tubercular patients are less liable to become attacked by the disease than others, at least shows that they are not more so on that account. In the advanced stages of cholera, the *pleura* is not unfrequently found the seat of lymphy exudation.

The *heart* commonly presents a pale appearance. Occasionally it is a little flabby, but otherwise healthy. Its contents are of more interest. The left cavities are sometimes closely contracted, while the right are filled with blood. Sometimes all the cavities contain blood, but invariably the right are found to contain more. The *blood* has been the object of particular attention; it is thick, undergoes coagulation with difficulty,

and is often not coagulated at all. In thirty-four (34) examinations, it was found entirely fluid in the heart and lungs in thirty-three (33) cases, and firmly coagulated nowhere in any. The blood evidently has undergone a change which is not compatible with ready coagulation, and while it is found abundantly in the veins, the arteries are universally more or less empty.

These are the extreme lesions, belonging to the more advanced stages of the disease, and seen fully developed only in the typhoid stage. But they are interesting, although death may take place before they are fully established, showing what the appearances would be, if the disease had progressed. While it is clear that all these changes occur in the progress of the disease, it is impossible that one can be singled out as particularly connected with the cause of cholera. Even the blood, upon which we might look as being directly and primarily affected by the cholera-poison, in its appearance of thickness and want of coagulability only shows the consequences of the loss of its serum, and not the direct influence of the original cause.

Communications.

REDUCTION OF AXILLARY DISLOCATION OF THE SHOULDER BY MANIPULATION.

By W. W. Myers, M. D.,

Of Pittsburgh, Pa. Late U. S. Navy.

Dennis McP., æt. 27 years, called at my office, on Jan. 16th, suffering from the effects of a fall received the day before. Upon examination, the left upper extremity presented the following appearance: The acromion process was more distinct than natural, with a well-marked depression below it. Upon rotating the limb, the head of the bone was distinctly felt, rolling about between the thumb and fingers, *but only when the elbow was removed from the side.* The natural roundness of the shoulder was lost, in consequence of the deltoid muscle being drawn down with the head of the bone. The elbow was removed from the axis of the body, caused by the action of the deltoid—the long head of the biceps and supra-spinatus muscles being also stretched and tending to throw the bone outward. The pain which arose from the position of the head of the bone compelled the patient to lean toward the affected side, to keep the forearm flexed, and the elbow supported on the hip in such a manner that the arm, having a resting-place, might be sheltered from all painful motion—*especially that of the elbow inward.*

Nature, which varies according to the necessities of different animals and the number of their joints, has also been provident enough to vary the structure of these parts according to the use of the different portions of their economy. Some joints admit of great latitude of motion, but their strength is easily overpowered by the action of external bodies. Such, in man, is the shoulder-joint. Here everything seems to facilitate the escape of the head of the bone from its natural cavity. An oval shallow cavity, surrounded by a margin of little thickness, receives a semi-spherical head, which is twice as broad as the cavity in the perpendicular direction, and three times as extensive from before backward. With respect to the ligaments, the joint is only strengthened by a mere capsule, which is thin below, where nothing opposes a dislocation, but thicker above, where the acromion and coracoid processes, and triangular ligament, form an almost insurmountable obstruction to such an accident. With regard to the muscles and motions of this joint, strong and numerous fasciculi surround the articular surfaces, make them easily move in all directions, and, pushing the head of the bone against the different points of the capsule, distend it, and when their power exceeds the resistance, lacerate it. As for external bodies, what bone is more exposed than this to the effect of their force?

The patient was placed under the influence of chloroform, more for the purpose of overcoming the resistance of the muscles than as a preventive of the pain consequent upon the reduction. He being completely chloroformized, the limb was grasped at the lower part of the forearm and rotated from within outward, and then sudden and forcible extension made on a line with the trunk, when the head of the bone readily slipped into its natural position. The arm was placed in the rectangular position, and kept in a sling. Inflammatory accession was met by the usual antiphlogistic remedies, by antimonials and salines, and solutions of acetate of lead in combination with laudanum applied to the shoulder. Pain was subdued by full doses of morphia. The patient was dismissed February 5th, with instructions to apply a stimulating embrocation.

—— Copper in Animals.—Herr Ulex, a chemist of Hamburg, has lately discovered traces of copper, and in some cases of lead, in the remains of animals. He has found copper and lead in human flesh, and copper in the intestines of beasts of prey, in beef, in poultry, in hen's eggs, in fish, crustacea, insects, spiders, and snails.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

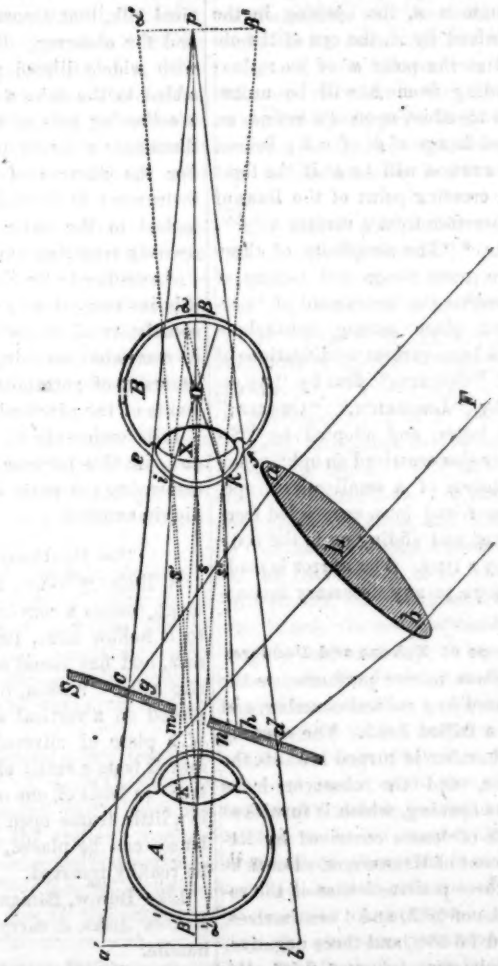
By Laurence Turnbull, M. D.,

Of Philadelphia.

(Continued from page 85.)

We have now come to the third class of "Zander," namely, "Hetrocentric Ophthalmoscopes," which are again divided into three varieties. First, perforated plane mirror, in combination with convex lens. Second, convex mirror, in combination with a convex lens. Third, silvered glass lenses, as ophthalmoscopes. Two forms we already described in our first series of papers, (1864). But to explain completely the action of this and other plane mirrors, the following diagram will be useful. In Fig. 3, let *A* represent the eye of the observer, and *B* the eye observed; *F* the flame, *L* the lens, and *S* the mirror. From *F*, a cone *a b*, of divergent rays, falls upon *L*, and is rendered convergent by its influence. The convergent rays then strike the mirror *S*, and by

Fig. 3.



its influence, although unchanged in their relative positions to each other, are reflected from its surface in a new direction, and proceed towards *P*, as if they came from a flame situated behind the mirror at *a' b'*. But, as the eye of the patient, *B*, meets the rays before their union, they fall upon *B*, without regard to accidental loss, in the line of section *e f*. It will appear from the drawing that this combination of plane mirror with a convex lens, acts like a concave mirror in the position *a' b'*, but with the advantage, that by using a lens of different focus, *e*, *g*, of 4″, the

opening and focus of the apparatus can be varied at pleasure. The rays of the cone of light falling upon *B*, or at least the rays included between *g i* and *h k*, penetrate it, and by its dioptric media are united in front of the retina, say at *O*, and proceed, overcrossed, to form a dispersion circle. Let *a β* represent any two points in this circle—the rays proceeding from them, after leaving the eye, will follow the course of the lines *a x*, *β x*; and, if the eye *B* be accommodated for infinite distance, the whole of the emerging rays from each point will continue parallel to the axial rays *s' s s''*. The rays proceeding from *a*, and passing through *m n*, the opening in the mirror, will be received by *A*, the eye of the observer, and united at the point *a'* of its retina; and those proceeding from *β* will be united at *β'*, so as to form together, upon *A's* retina, an erect and magnified image *a' β'* of *a β*. Indeed the action upon *A's* retina will be as if the light came through the crossing-point of the lines of direction *x*, and therefore from a surface *a'' β''*, behind the eye *B*. * "The simplicity of these principles, and the great range and variety of their application, entitle the instrument of 'Coccius' to the first place among ophthalmoscopes." There has been various modifications of the instrument of "Coccius;" first by "Anagnostakis," also by "Liebreich," "Graefe;" abandoned by the latter, and adopted by "Sichel."† Coccius has also contrived an ophthalmomicroscope. It consists of a small microscope, and of a plane mirror and lens, suspended from the arms by a screw, and sliding on to the body of the microscope by a ring. The mirror is made to turn on the screws to any necessary inclination.

The Ophthalmoscope of Epkens and Donders.

It consists of a plane mirror perforated in the centre, which is placed in a cubical chamber, and turns by means of a milled head. The opening in the side of the chamber is turned towards the eye of the patient, and the observer looks through the opposite opening, which is furnished with revolving disk of lenses contrived by Rekoss for the instrument of Helmholtz. Donders places in this disk three positive lenses of the respective focal lengths of 20.3, and 4 centimetres, (about 8″, 1 1-5 and 1 3-5″), and three negative, of 16.10, and 6 centimetres, (about 6 2-5″, 4″, and 2 2-5″.) Epkens has united to the cubical chamber the cylindrical tube *B*, at the further end of which there is also a micrometer attached, and where the lamp is also placed. At this end of the tube, when necessary, a positive lens can be inserted, the focus of which should be a short distance from the flame; so that a person looking into the mirror sees the whole lens illuminated, by which means a larger surface of the retina is lighted up. The whole apparatus is placed upon a stand, which is secured by a screw to a table, and on which the tube can be raised and lowered at will. At *K* is a circular screen, covered with black stuff, and serving to exclude direct or superfluous light; and on the under part of the tube, from a bar there is suspended a curtain of oiled silk, that separates the faces of the patient and the observer. For the examination of eyes with widely dilated pupils, Donders has lately added to the tube a cup-shaped dilatation, with a collecting lens of larger aperture, in order to illuminate a larger portion of the fundus oculi. For the purpose of taking measurements, the instrument is furnished with a micrometer attached to the outer end of the cylinder, and scarcely requiring explanation.

According to Dr. Zander, the disadvantages of this instrument are, that from the number and complexity of its parts, its consequent costliness, its somewhat alarming size and appearance, and its want of portability, it is little suited to the wants of the practical surgeon.

It is eminently fit for physiological research, and, for this purpose, especially as it admits of measuring the parts it exhibits, it cannot be too highly extolled.

The Ophthalmoscope of Sämann.

A little cylinder, as in Helmholtz's instrument, carries a convex (collecting) lens, is joined to a hollow cube, that turns on its horizontal axis, and has round openings in two of its opposite sides. Within, this cube contains a mirror, placed on a vertical axis. This mirror consists of a plate of silvered glass, the foil being removed from a small elliptical portion in the centre. In front of one of the openings of the cube is a little frame open above, in which necessary lenses can be placed, and from which they may be readily removed.

Like Burow, Sämann has found the revolving Rekoss' disks, to carry lenses, very convenient to handle.

The Ophthalmoscope of Meyerstein.

It consists of a cup, which serves to screen the patient's eye from light, so that this ophthalmoscope can be used in a room in the day time. Immediately in front of the cup is a perforated plane mirror, inclosed in a rectangular box, and

* Zander.

† See Turnbull on Ophthalmoscope, pages 8-9.

fixed at an angle of 45° with the axis of the instrument. The side of the box opposite to the reflecting surface of the mirror contains a collecting lens. On the opposite side of the box to the cup is a second cup, which receives the eye of the observer, and cuts off "false light," or the light of the lamp.

"For more exact examination of the retina, the cup which receives the eye of the observer may be unscrewed, and its place supplied by a small telescope. In a normal or emmetropic eye, parallel incident rays are brought to a focus upon the retina. If light be thrown into such an eye, the rays become parallel upon their exit from it, and the telescope must be adjusted as if for the inspection of an object in infinite distance, while for far or near sight, the ocular must be more or less pushed in or withdrawn. For examination of the cornea, iris, or lens, the ocular tube must be drawn further out, and the telescope used only as a magnifier.

"In comparing the merits and disadvantages of this instrument, the same may be said as in the case of Ulrich's, only that Meyerstein's is more difficult to handle; that the great distance of the observer's eye from the mirror considerably diminishes the field of vision; and that its power of illumination is altogether insufficient." —*Zander.*

The instrument of "Zehender" would follow that of Meyerstein, but as I have already described it even in a more convenient form than that by Dr. Zander, I will pass to the consideration of

Silvered Glass Lenses as Ophthalmoscopes.

The chief purpose of silvered lenses is to unite together the reflector and the correcting lens. In describing the conditions under which this modification of the ophthalmoscope is available, I follow chiefly the statements of Hasner.

Every ordinary lens transmits only a portion of the light that it receives. A second portion is absorbed, a third is reflected, partly from the anterior, and partly from the posterior surface. The reflection, however, under ordinary circumstances, is so small, that it is insufficient for the illumination of an eye. But if one surface of the lens be covered with silver, or with quicksilver amalgam, the reflection becomes, under certain conditions, so considerable, as to afford as much illumination as the ordinary plain, or even the concave mirror. "Jaeger," "Kannig," "Burow," and "Hasner," has designed ophthalmoscopes with silvered glass lenses, but we shall only describe the instrument of the latter.

The Ophthalmoscope of Hasner.

This form of instrument is extremely simple. It consists of a circular periscopic dispersing lens, an inch in diameter, the convex side of which is silvered. In the centre, a small portion of the silvering is removed, for a sight-hole, and the whole is put into a simple metal casing. For ordinary examination of the erect image, the surgeon should have four such glasses—Nos. 4, 6, 8, and 12; but, for more exact examination, it is wise to have in reserve the almost superfluous and seldom-needed silvered concave glasses. Six or eight such glasses, fitted into a case, form the most complete and the most compendious apparatus for the examination of the direct image.

In use, these glasses are held by the margin, between the thumb and index finger, and so turned obliquely towards the light, that a luminous disk is thrown upon the patient's eye. The eye of the observer is placed close behind the glass.

The simple application and easy exchange of the glasses, the compact form of the whole, the correction of reflections, the approximation of the observer's eye to the mirror, and of the mirror to the eye of the patient, are all reasons why this form of ophthalmoscope merits high commendation.

Furthermore, it is to be commended on the score of cheapness, as the operator may himself silver his lenses. For this, Hasner gives the following directions: A paste is to be made of fine plaster of Paris, and laid, 3‴ in thickness, 2″ in diameter, upon a piece of board. The side of the lens that is to be covered is pressed into this plaster, but not to such a depth as to reach the board. It remains until the mould is thoroughly hard and dry; it is then taken out, and the mould lined with a double layer of tin foil, spread as smoothly as possible. Upon the foil are suffered to fall a few drops of quicksilver, which are then allowed to come in contact, and to amalgamate with the whole surface, upon which will form in patches a thin pellicle. This pellicle is to be removed by carefully rubbing the cleaned glass, that is to be silvered, over the surface, until it reflects perfectly. The lens is then placed in the mould, pressed down firmly, and the pressure maintained by a weight. In two days the lenses may be removed for use.

—— The aggregate cost of the State charitable and reformatory institutions of Massachusetts for 1865, was about $500,000.

Hospital Reports.

Philadelphia Hospital,
October, 1865.

Surgical Clinic of W. H. Pancoast, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Fracture of Both Bones of the Leg.

William H—, æt. 46. The injury was received thirty-six hours ago. The limb is now very much swollen. Sugillation is very marked. Is much pain on handling. Some shortening, and crepitus can with difficulty be elicited.

Treatment. The swelling must be reduced before we can put on the proper dressings. For this purpose I will have the limb covered with cloths wet with lead water and laudanum. Internally will give minute doses of tartar emetic and acetate of morphia in lemonade as a diaphoretic and sedative. To keep the bones in position I prefer light dressings. In this case I will place the limb in a pillow, and outside of this two light lateral splints extending from a little below the knee and slightly beyond the foot. To make extension we will put on adhesive plaster, the strips reaching up to the knee and an inch and a half below the foot. To this we will tie a a weight—the rope running over a pulley in the foot of the bed. To make the extension we use a jug of water, which I prefer, because it can be accurately adjusted. This apparatus was kept on four weeks, and then a starch bandage completed the cure. There was no shortening whatever. In cases of this kind I would never use the fracture-box. This being so heavy it is almost immovable, and when the patient slips down in bed the ends of the bones are approximated. In this way shortening is often caused.

Ununited Fracture of the Tibia.

Catharine S—, æt. 30. She came into the house May 18th, 1864, suffering from gonorrhœa. She has led a very irregular life. On the 24th June, 1864, she broke both bones of the right leg in jumping from a wall, in an attempt to elope. At the time of the accident she weighed 160 pounds, and her general health was very good. The leg was immediately put in a fracture-box, and proper dressings applied. It was kept in it eight weeks, and the tibia failed to unite.

Oct. 24th, 1864. The ends of the bone were drilled, and two ivory pegs introduced. The part was covered with adhesive strips to exclude the air, and a bandage applied. The leg was put in a fracture-box. The inflammatory action was very slight indeed, and there was no constitutional disturbance whatever. On the 2d of November following, the pegs were removed. The one in the upper fragment came away quite easily and was considerably corroded. That in the lower fragment was entirely motionless, even after strong traction with a pair of tooth forceps. Finally it broke, and an inch and a half was left in the bone, apparently closed around by callus. A starch bandage was applied, and in ten days the opening of the pegs was entirely healed.

On the 17th December, 1864, there was some callus thrown out, but the union was not sufficiently firm. She was again operated on, the surgeon, using a drill five inches long, bored through the ends of the fragments to set up inflammation and at the same time keep them in apposition. On the 25th of the same month the instrument was removed. There was much inflammation, and a small abscess was evacuated at this time. There was some constitutional disturbance. The limb was now put in a fracture-box containing bran. There was no callus thrown out.

April 5th, 1865. The same operation was again performed, and the leg again put in a fracture-box containing bran. There was a good deal of local inflammation and irritative fever, but the patient was not benefitted.

May 20th, 1865. There was evident disease of the bone. An incision two and a half or three inches long was now made over the spine of the tibia and the ends of the bone exposed. It was found to be much softened and quite friable on the inner and outer sides. The posterior face was apparently healthy. All the diseased portion was removed, and the wound treated as usual after operations for necrosis. Much callus was thrown out but it was soon absorbed and the woman was not benefitted.

This is the history of the case, which is very interesting, and gives you a just idea of the difficulties we must encounter in attempting to relieve the condition of our patient. We now find a good deal of mobility at the seat of the injury, the ends of the broken bone are almost an inch apart and cannot be brought in contact. They are held in this position by the fibula, which acts as a splint keeping them apart, and thus preventing the union. I have told her that if she would fall down and break this bone she would most likely be cured. But as she has not done this, I now propose to do it for her; and to insure the seat of fracture in the fibula I drill three holes in the bone with an ordinary gimlet; after which the application of a slight force answered the purpose.

Nov. 18th. Thirty-seven days after the last operation there has been little inflammatory action. The fibula overlaps a good deal, and the space between the fragments of the tibia is less than before the injury. A little less than two weeks ago, (union in the fibula having commenced) there was still too much mobility, so I forced the foot up as far as possible with my hands, rubbed the end of the tibia violently together, and put the limb in a fracture-box. Thus the fragments of the tibia were in contact, those of the fibula overlapping considerably. This seems to have been of much benefit, as the part is now quite solid. There is a good deal of callus thrown out. We will now put on a starch bandage and direct the patient to walk about as much as possible, in hopes that the friction thus caused may assist in the cure.

Dec. 31st. The patient is walking about and

is much improved. The limb is much firmer and seems to have been benefitted by the operation.

Operation for Varicose Veins of the Leg.

Henry R—, æt. 45. The veins on both legs are varicose. This condition is nearly always attended with tingling, and with the sensation of weight and fulness in the part. This change in the vessels is very often associated with chronic eczema rubrum. When long continued it may give rise to an ulcer. The veins are elongated, tortuous, and much dilated.

Treatment. The long saphenous of the left leg was tied some time ago by Dr. McCLURE with much benefit, but there are other vessels enlarged. When you can lift the veins up with the fingers the best method of operating is to insert an ordinary hair-lip pin beneath them, and compress the vessels upon it by oval turns of a large well-waxed silk ligature. But where there is a plexus of veins, and you cannot lift them up, you had bettes resort to the use of caustic, and the best is caustic potassa. This case belongs to the first class, and I shall use three pins, inserting them about three inches apart, one above and two below the knee. In this way we hope to completely occlude the vein. Be careful in the operation to get below the vessel, and never allow the pin to transfix it. As an important auxiliary measure, always bandage the limb firmly from above downwards, after putting a compress over the saphenous opening. Keep the patient in bed till well.

Nov. 18th. Twenty-seven days after the operation the patient is perfectly well.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Discussion on Cholera.

A discussion on cholera was opened at the last meeting of the Academy of Medicine by the reading of a paper by Prof. METCALFE. That gentleman gave a succinct sketch of the main features of the disease, subsequently dwelling upon the hygienic questions connected with it, and fully expressing his opinion that, if not in our power to prevent the occurrence of an epidemic, we can by proper prophylaxis take away its character as a pestilence. Thorough cleaning of our cities, house to house inspections, etc., must be insisted upon.

Dr. GRISCOM followed with another paper, discussing chiefly the sanitary points of the disease. The two main features in the production of the epidemic, in his opinion, were certain atmospheric epidemic influences, not yet fully understood, and the filthy, overcrowded condition of cities. When these conditions meet, like the two blades of the shears of fate, the disease arises. In his remarks Dr. GRISCOM freely and approvingly quoted from Dr. SNOW's published papers advocating non-contagion and opposing quarantine.

Further discussion was postponed till the next meeting, when it is probable that the various questions of controversy on cholera, including quarantine, will be fully ventilated, and if anything important is brought to light, our readers will be informed.

EDITORIAL DEPARTMENT.

Periscope.

The Mutually Antidotal Properties of Opium and Belladonna

are made the subject of a paper by Dr. HENRY S. DOWNS, of New York, published in the Transactions of the State Society of last year. *Eleven* cases are detailed, of which we give a synopsis.

CASE 1. Infant, 3½ months old, had been given about one teaspoonful and a half of a preparation of paregoric nearly one-half stronger than the tinct. opii camph., U. S. P. Narcotism, deglutition difficult, pupils contracted to the size of a small pin's head. Child was only kept aroused from stupor by severe and continued agitation. About six hours after the administration of the dose, 10 drops of tinct. belladonna were given, and repeated at intervals of fifteen minutes until 40 drops were given, when the pupils were dilated to double, and in one hour to treble the former size. Improvement rapidly followed. (Dr. DOWNS.)

CASE 2. Woman, æt. 35, had taken one-half ounce of laudanum suicidally. Seen an hour later, partially sensible. *No* emesis could be induced by ipecacuanha, sulphate of zinc, tartar emetic, or mustard. She became insensible, pupils contracted to the size of a pin's point; profound stupor, from which she could not be roused. One drachm of tinct. of belladonna was then given, followed by two grains of the best English extract of belladonna every 20 minutes, until six grains were taken. Soon after the third dose the patient vomited, the ejecta smelling strongly of opium. Sensibility gradually returned, and at the end of eight hours pupils were natural, sight restored, and consciousness complete. (Mr. LOINES and Dr. JONES.)

CASE 3. Woman, had taken 1½ ounces of laudanum. All the symptoms of opium poisoning present. Emetic first, then a reliable tincture of belladonna, 30 drops every half-hour, until 90 drops were taken. Rapid recovery and no indications of her having taken belladonna. (Dr. WM. H. THOMPSON.)

CASE 4. Soldier, took two ounces of laudanum and smoked one grain of opium. Three hours afterward was found comatose, pupils contracted, and slightly spasmodic. Forty drops of tinct. belladonna were given at half-hour intervals, until he had taken 120 drops, and then in half

an hour 20 drops more, when he began to improve, and entirely recovered in a few hours, with no signs of having taken belladonna remaining. (Same authority.)

Case 5. Soldier, took over an ounce of laudanum. About an hour afterward drowsy, face flushed, pulse low, pupils much contracted, hands twitching, tendency to convulsions. One grain of extract of belladonna every half-hour until three grains had been given. Two hours after first dose of belladonna, the pupils had dilated, pulse and skin natural, and able shortly after to go on duty. (Dr. Charles D. Hackley.)

Case 6. Infant, 8 weeks old, had been fed on Mrs. Winslow's soothing syrup until complete recovery was impossible, even by the aid of belladonna. (Dr. C. C. Terry.)

Case 7. Belladonna poisoning occurred in a young woman who used belladonna pessaries for the purpose of allaying the excruciating pains of ovarian dysmenorrhœa. The toxical effects were suddenly developed to delirium. One and a half grains of Magendie's sol. sulph. morphia entirely removed the symptoms of poisoning an hour after delirium appeared. (Same authority.)

Case 8. Belladonna poisoning from use of belladonna pessaries. Opium used with same good result. (Same authority.)

Case 9. Child, through mistake, took one teaspoonful of laudanum. An hour later comatose and incapable of being roused. Ten drops of tinct. belladonna every hour until 60 drops were taken, when narcotism subsided and the patient slowly but gradually recovered. (Dr. J. P. Garrish.)

Case 10. Man, took one ounce of laudanum. When seen, two hours later, feeble pulse, contracted pupils, stertorous breathing, and could not be aroused. Emetic first, and 20 drops tinct. belladonna every hour until about 90 drops were taken, when he began to show signs of consciousness, and by the aid of coffee, stimulants, and the cold douche, was gradually restored. (Dr. Garrish.)

Case 11. Woman, took ten grains of opium. In one hour was found in semi-comatose state, pupils contracted. Emetic, then 20 drops of tinct. belladonna every hour until 60 drops were taken, when consciousness began to return, and she recovered.

Puerperal Peritonitis.

A case of puerperal peritonitis successfully treated by opium is given by Dr. A. Niles, of Quincy, Ill., in the Transactions for 1865, of the Med. Society of that State. In his remarks, Dr. Niles observes, that experience has taught him to regard opium as the great remedy, commencing with a moderate dose frequently repeated, carefully watching its effects upon the respiration, and increasing the dose until the pain and tenderness are removed. He believes large doses are safe, provided respiration is not reduced too low. During a practice of thirty years, Dr. Niles has not seen a well marked case of puerperal peritonitis recover under the antiphlogistic treatment. Large doses of opium, he concludes, appear to be better borne when combined with quinia, which probably obviates the congestive effects of the opium, besides being useful by its sustaining power. Veratrum viride, when it does not nauseate, has a beneficial effect in moderating the circulation, but ordinarily digitalis is preferred, as being less liable to nauseate, and probably acting as a tonic upon the heart.

Diphtheria.

Dr. R. W. Mathewson, of Durham, Conn., gives, in the Transactions of the Medical Society of that State for 1865, an interesting account of an epidemic of diphtheria, which prevailed at Madison, in the fall of 1864.

In the first family attacked—the Dudley's—four died, including the husband, leaving only the widowed mother. From this focus the disease was conveyed to different localities, by watchers and others who visited the infected house; these had the disease at their own homes, giving it to their families, while many living near, who were not exposed, escaped the disease.

A boy, eight years of age, was at the house of the first family, while a child was vomiting with the disease. He had the diphtheria at his father's house, several miles distant, when six others took it, two of whom died.

A lady watched at Dudley's, had the disease at her own house, several miles distant, and her daughter took the disease and died.

A lady who assisted in laying out one of the Dudley children had the disease at her own house, on Town Hill.

Mr. Wm. Stevens and wife were at Mr. Dudley's—both had the disease, also one of their children. The father and child died, making in all, 25 well marked cases, which could be traced to one source. The remaining 5 of the 30 severer cases could not be so distinctly traced.

In cases where there was a single exposure to the contagion, the period of incubation was about five days.

The *access* in most cases was sudden; the sufferings in many cases were as severe within an hour as at any period of the disease; yet the violence of the attack was no indication of the severity of the disease; the worst cases were the most insidious in their approach.

Prognosis. Violent coryza, with profuse discharge, soon becoming sanious and offensive, laryngitis and pneumonia in the early stages, and in the sequelæ vomiting and suppression of urine, were very unfavorable symptoms. Albuminuria was present in the worst cases.

Paralysis of the nerves of the palate, special sense, and voluntary motion, all disappeared with the returning strength.

Suppuration of the glands about the neck was followed by recovery in every case.

Dysentery of a peculiar form occurred as a sequel in five cases; in this dysentery there was no mucus in the discharges, but the beef-brine appearance from the first. There was no tenesmus or pain during the discharges, but excruciating pains coming on in paroxysms, lasting a minute or two, during which the child would shriek with agony, and the next minute might be laughing.

Treatment. In some of the fatal cases, not treated by Dr. M. himself, it was strongly cathartic. In his own cases (20 cases, with a loss of one in five,) the treatment was tonic and supporting. Quinine, whiskey, wine, muriate of iron, with chlorate of potash.

Permanganate of potash, Dr. M. considers a valuable remedy, both topically and internally. Bromide of potassium is particularly adapted to croupy varieties, and when there is much nervous irritation. As a local application, ice is one of the best in the early stages.

Of the 30 cases given there were from 1—5 years, 3; 5—10 years, 7; 10—20 years, 8; above 20 years, 12.

Reviews and Book Notices.

Lectures on the Diseases of Infancy and Childhood. By CHARLES WEST, M. D., Fellow of the Royal College of Physicians; Physician to the Hospital for Sick Children. Fourth American, from the Fifth Revised and Enlarged English Edition. Henry C. Lea. 1866. 8vo., pp. 655. *Price*, $4.50.

Excellent as are the treatises of Drs. CONDIE and J. F. MEIGS, we regard this of Dr. WEST as the best upon its subject in the English language; as that of RILLIET and BARTHEZ is in the French. Twenty-six years of careful observation, the delivery of the matter of the work in the form of lectures, and its revision for five editions, have brought it into its present state. At the risk of repeating some things said in previous notices of it, it is worth while for us to remark upon its statements of some of the latest opinions of its author on practical points. This is the more *à propos*, because the general state of medical opinion is now that of fluctuation; and it is desirable to find what, in the midst of doubt and change, a man of sound judgment and large experience, acquainted with the professional literature and science of the day, regards as fixed.

At once, then, let us quote his present views (Dr. WEST's preface dates in 1865) upon the *questio vexata* of "antiphlogistic treatment." In active congestion of the brain, he says (p. 50), "if the symptoms set in violently, you must deplete freely." He prefers opening the jugular vein in threatening cases; in others, leeches, eight for a child one year old, will do. For acute inflammation of the brain he asserts that "bleeding, purgatives, mercurials, and the application of cold, are the grand means on which we must rely." (P. 103).

As to bronchitis, he remarks (p. 269) that "it is but rarely, at the present day, that depletion is indicated in bronchitis or pneumonia; and tartar emetic needs to be given more sparingly than in former years, and acts with less certainty in cutting short, at its very outset, the inflammation. And yet, when looking back on the records of cases where I abstracted blood freely, and gave antimony in large doses, I cannot admit that my practice then was a mistaken one." He accounts for the difference by the existence, now, of a generally less sthenic type of disease; adopting thus, with TROUSSEAU, and others, the views of SYDENHAM and STOLL, in part at least. He adds (p. 285), "I cannot admit that the abstraction of blood in the early stage of pneumonia is never indicated; still less can I allow that antimony is in no case to be employed."

In the treatment of pleurisy (p. 303), "I am convinced that considerable activity in the early stage best averts the danger, and most economises the patient's strength." In croup (p. 320), "I have never met with an exception to the rule which prescribes the free abstraction of blood in every case of severe idiopathic croup, when seen at an early period. Even in very young children local depletion forms in these cases but a poor substitute for local bleeding." Mark this, also, "It is not unintentionally, nor from any oversight, that I have allowed my observations on the treatment of true croup to remain unaltered; expressing the opinions which I formed, and the practice which I adopted five and twenty years ago. With every allowance for changes in the epidemic constitution of disease, most marked since the cholera of 1848 and 1849, I still believe that a decided antiphlogistic treatment (by which I mean the employment of antimony in emetic doses, the subsequent administration of calomel, and if the case be seen at the very outset, recourse to actual depletion,) is indicated in almost all cases of acute idiopathic croup." (P. 322).

Leaving this subject, and observing only that mercury is still called by Dr. WEST, "our great stay in all cases of acute inflammation of the serous membranes," as well as in dysentery,—we proceed to note some other points.

One of the subjects most fully treated of is *Acute Hydrocephalus;* describing under that name, tubercular meningitis, as well as the simpler disease. We are surprised to find, however, no mention of the observations of Dr. GERHARD, of this city, who, with M. RUFZ, in 1832 and 1833, first distinctly proved the connection of tubercle with the most nearly incurable form of encephalic inflammation.

Approving of *local* depletion, only, in acute hydrocephalus, Dr. WEST puts no faith in calomel, and very little in iodide of potassium, as means of cure for it. The local use of cold, though valuable, requires care. One important remark

made is, that inflammation of the brain not unfrequently *begins outside of the skull*, as with otitis.

In *convulsions* of children, following the suggestion of the success of Braun and Chiari in puerperal convulsions, Dr. West has used *chloroform* extensively, and in many instances with advantage; especially where depletion was inadmissible.

For *epilepsy*, our author has no special remedy. He finds the oxide of zinc powerless; but is more hopeful of belladonna, continued, as Trousseau advises, for a long time. No allusion is made to the *bromide of potassium*, now so much in vogue, and so promising; nor to *valerianate of zinc*. In one case we have known *digitalis*, in considerable doses, to postpone the attacks remarkably.

Dr. West assents to the view that the rheumatic diathesis predisposes especially to chorea; and that the latter affection is frequently attended by disorder of the heart; and, also, by disturbance of the intellect. In the treatment of chorea, he has great confidence in *strychnia*, or nux vomica, and in *gymnastics*.

Insanity in childhood has some interesting pages. However this begins, it almost invariably assumes the form of *moral* insanity.

Atelektasis, or collapse of lung, is very well discussed; but in its treatment nothing better than the hot bath, and stimulants, is advised. The mistaking of this affection for *lobular pneumonia*, before the discovery of it by Jörg, must have had unfortunate effects. *Lobar* pneumonia is, however, often recognized in children.

On the question of *paracentesis* for pleuritic effusion, Dr. West favors, for good reasons mentioned, the comparatively early resort to the operation. He has tapped the chest, himself, in thirteen cases, with only four deaths.

Diphtheria is spoken of by our author as a modification or variety of croup, affecting feeble constitutions, often after other acute diseases, and both contagious and epidemic. This association does not please us. Nor are we well satisfied to find no allusion made to the common form of *spasmodic* or *sudden night-croup*, so alarming, although so little dangerous under prompt treatment.

Tracheotomy in croup has been very unsuccessful in the experience of Dr. West. He is, nevertheless, not at all opposed to the operation, thinking its *euthanasia* among the arguments in its favor. The tracheotomy tube should be of good size; and a warm, moist atmosphere should be maintained around the child after the operation.

Diphtheria is fully *described*, and a good account is given of its sequelæ, of which paralysis is the most prominent. In its treatment, it is stated that "all antiphlogistic measures are, by common consent," avoided. He has no confidence in the special value of chlorate of potassa in this disease; while in *stomatitis*, especially ulcerative, he believes it to deserve the name of a specific. Strong caustics, locally used, are not approved by Dr. West. He likes mild gargles, used often: *e. g.*, half an ounce of solution of chloride of soda to six ounces of water. Swallowing ice frequently is also useful.

Tincture of chloride of iron, and quinia, our author gives in diphtheria; without, however, a great deal of confidence. Food and stimulants are often the great necessity.

Of hooping-cough, Dr. West states the average duration to be ten weeks. In its treatment, a favorite medicine with him is *hydrocyanic acid;* half a minim of the dilute acid of the London Pharmacopœia every four hours, for a child of nine months. Belladonna, he also sometimes gives. Hyoscyamus and musk, and even assafœtida are not named. Of the inhalation of chloroform in this disease, he says that "its trial is free from objection." Of Dr. Horace Green's probang medication of the larynx with nitrate of silver solution, he observes that, having tried it pretty fully, on the suggestion first of Dr. E. Watson, who wrote of it in 1847, he finds its benefits inconstant, and the resistance of the child often sufficient to defeat its use. Bromide of potassium and bromide of ammonium our author overlooks.

Phthisis in the child, most generally acute, is well described. It is often the sequel of some other acute disorder. Its average duration is, according to Rilliet and Barthez, from three to seven months. Dr. West thinks their estimate too short. He has seen the disease last two or three years; chronic and almost latent phthisis in a child, even five years or more. Cod-liver oil, although useful, does not earn, in Dr. West's practice, quite all the encomiums bestowed upon it by others.

Tuberculosis and *scrofula* our author believes to be *not* identical, although favored by similar non-hygienic conditions.

Diseases of the heart, and of the digestive organs, the exanthemata, and the cachexia, are all equally well considered in this volume. But we cannot occupy room with more citations. Having a most agreeable style, clear, and never wearisome, Dr. West must always be a favorite author with those who make the acquaintance of his book.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 3, 1866.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

II.

Gun-shot Wounds of the Abdomen.

Of 2707 gun-shot wounds of the abdomen, so far recorded, 2164 were flesh wounds, and in 543 the peritoneal cavity was penetrated, or the abdominal viscera injured. Among the flesh wounds 114 fatal cases are recorded, which were mostly cases of sloughing from injuries of the abdominal parietes by shells. Of the penetrating wounds, the results have been ascertained in 414 cases, and were fatal in 308, or 74 per cent. The number of recoveries is unexpectedly large, but includes only cases in which the reports showed, beyond question, that the abdominal cavity had been involved. In many cases fæcal fistulæ were produced. They commonly closed after a time, without operative interference, reopening at intervals, and then healing permanently.

Recoveries after wounds of the large intestines have been much more numerous than after wounds of the ileum or jejunum. No case has been reported in which it was thought expedient to apply a suture to the intestines after gun-shot wounds. Gun-shot wounds of the *liver* were usually followed by extravasation into the abdominal cavity and rapidly fatal peritonitis. Of 32 cases in which the diagnosis was unquestionable, all but four terminated fatally. All the cases of gun-shot wounds of the spleen reported, were fatal.

Gun-shot wounds of the bladder, when the projectile entered above the pubes or through the pelvic bones, have proved fatal, as far as the records have been examined. But there are many examples of recovery from injuries of the parts of the bladder uncovered by the peritoneum.

Several examples of recovery after protrusions of the abdominal viscera through gunshot wounds have been reported. In two cases, in which loops of small intestine issued, they were immediately returned and retained by means of adhesive strips and bandages, and the patients recovered with ventral hernia. The escape of omentum through wounds would not appear to be a very serious complication, for in many cases, portions of protruding omentum have been excised, and the patients have, nevertheless, recovered promptly.

Gun-shot Fractures of the Pelvis.

The records under this head include only the cases in which the abdominal cavity was not penetrated. So far, 359 cases are embraced in the report of Surgeon Otis. Recovery took place in 97, death in 77, and the result is still to be ascertained in 185. In 256 cases, the ilium alone was injured, the ischium alone in 19, the pubes in 12, the sacrum in 32, and in 40 cases the lesions extended to two or more portions of the innominata. Very tedious suppuration in cases of injury of the pelvic bones commonly took place, and surgery could do but little except to facilitate the escape of pus and remove dead bone. The returns corroborate the observation of Strohmeyer, that there is a great liability to pyæmia in these cases.

Genito-Urinary Organs.

Of 457 cases of gun-shot wounds of the genitals or urinary organs, so far recorded, and uncomplicated with fractures of the pelvis or penetration of the abdominal cavity, 37 had a fatal result. Surgeon S. W. Gross, U. S. V., reports a case where a conoidal musket-ball buried itself in the corpus cavernosum and became encysted. It gave no pain, and the patient refused to have it extracted.

Upper Extremities.

Of the 21,248 cases of gun-shot wounds of the upper extremities, the records so far are not sufficiently advanced to make accurate deductions.

Lower Extremities.

Of these 30,014 cases have been recorded, of which 4862 were fractures, and 25,152 flesh wounds.

For gunshot fractures of the femur two registers have been kept. On one, all cases were entered. On the other, only those in which the histories of the cases had been carefully scrutinized, and in which the locality and extent of the injury were clearly designated in the reports. In the latter register, 1823 cases had been entered on Sept. 1st, 1865, or about one-third of the total number that have been reported. Gun-shot wounds of the knee-joint, with or without fracture of the patella, or of the epiphyses of the femur or tibia, have been recorded in like manner to the number, thus far, of 1183. Of the 1823 cases of gunshot fracture of the femur that have been entered on the permanent records, the results have been ascertained in 1233. Of the 1183 cases of gun-shot wounds of the knee-joint,

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

the results are known in 740. But as the statistics, when completed, will probably modify the deductions so far to be made, we omit them. They are referred to by Surgeon Otis, chiefly that the magnitude of the subject may be put in evidence, and that the absolute necessity for long and patient investigation may be acknowledged.

The report gives many illustrative cases, with engravings from specimens in the Army Medical Museum.

We omit gun-shot wounds of the arteries, veins, nerves, and sabre and bayonet wounds.

CHOLERA AND QUARANTINE.

The decided stand which we have taken, regarding the fallacy of basing upon the abstract question of the contagious or non-contagious nature of cholera any claims of retaining or abolishing existing quarantine regulations, has so far met only with approval from the medical journals which have discussed the question, and not a professional voice has as yet been heard to object to the sentiments to which we gave utterance, as representing the logical conclusions of the medical profession as far as science has thrown light upon the subject—namely, that the medical profession is not yet ready to assume the responsibility of abolishing quarantine.*

The second point which we have repeatedly urged in this connection—the necessity of Congressional action—is also, we might say, as a matter of course, seconded by some of the most influential of our cotemporaries. Thus, for instance, the *Boston Medical and Surgical Journal* says: "There can be no question, it seems to us, as to the necessity of some immediate and general action on the subject of quarantine by the Government at Washington, for the folly of independent State or municipal laws in such a country as ours is self-evident. Let the subject receive the consideration of one general scientific commission, which shall calmly investigate the facts observed in the present and past epidemics, and act independently of all such incompetent and meddling powers as that above referred to."

Whether the plan proposed by our Boston cotemporary is exactly the most practicable, we cannot at present say. Who shall appoint the commission? Congress? We doubt whether that body, with the heaps of other business on hand, would be able to accomplish anything sensible in the matter. What we would suggest is this: Let the Secretary of War or Congress instruct the Surgeon-General to submit at his earliest convenience a complete code of quarantine regulations, to be adopted as a law by Congress and enforced by the proper executive department. That would, it seems to us, be the shortest, quickest, and surest way of accomplishing the object.

* The communications of Dr. E. M. Snow, of Providence, R. I., now in course of publication, were received after these remarks were penned.—[Editor.

CHOLERA.

We commence in this number the publication of a full synopsis of lectures recently delivered at the College of Physicians and Surgeons, N. Y., by Professor Alonzo Clark. They will be found to contain everything of importance known in the present state of science. There is a general manifestation of a disposition among the profession to be fully prepared for the invasion of the epidemic, and we shall endeavor to perform our part by publishing everything *valuable* in connection with the subject. This is a matter of some difficulty, for, in the current literature of cholera, there is a most abundant amount of trash, which must be carefully sifted. Sound, solid *facts* are wanted at the time of an epidemic, leaving theories to take care of themselves until the disease is past.

CHANGE OF TYPE.

Dr. Balfour, of Edinburgh, in a lecture on the Science and Practice of Medicine, published in the *Lancet*, has some interesting remarks on the subject of change of type. Our readers will remember that Dr. Stokes, in his late address before the British Medical Association, discussed the question at length, strongly in favor of the theory, and based his opinions mainly, as shown in an editorial article we published some time ago, on the pathological changes in pneumonia which are alleged to have taken place. Drs. Alison, Christison, and Stokes, claim that the pneumonia of earlier days, the pneumonia of Cullen and of Gregory, were characterized by great sthenia, a "*frequent, full, hard, firm and quick* pulse," etc.

Now, Dr. Balfour conclusively disposes of this view by adducing the testimony of the facts recorded in those days, which show that the type of disease then was precisely the same as it is now. In the libraries, he says, of the London Medico-Chirurgical Society, and of the Royal College of Physicians at Edinburgh, there are several volumes of MS. notes of clinical lectures, both by Cullen and Gregory, and in these are to be found several carefully narrated cases of pneumonia, which prove, as clearly as anything can be proved, that the pneumonia of those days

was precisely similar to what we have now-a-days, and presented exactly the same type. Nay more, in a most interesting clinical lecture, Dr. GREGORY distinctly lays it down as a rule, that "in pneumonia the pulse *is remarkably soft*, though the febrile symptoms run very high;" and again, "In respect to the fulness of the pulse in pneumonia, in the beginning, before the patient is blooded, it is not only *soft*, but *small;* but commonly upon the patient being blooded it becomes fuller, though it always retains its *softness.*"

How now? Will the advocates of the change-of-type-theory accuse CULLEN and GREGORY of having been incompetent observers?

Notes and Comments.

The Special Courses in the Jefferson Medical College.

The additions to the curriculum of the Jefferson Medical College embrace courses on various departments of medical teaching of a practical character, particularly some subjects which, from their importance and extensive development, are in the domains of specialties.

The courses will commence on the 25th of March, continue through the spring, and will be concluded, after a vacation, before the resumption of the regular winter term.

The movement is commendable evidence of the progressive tendency of medical teaching, and will certainly receive its proper appreciation among the profession throughout the country.

The following *attachés* of the Faculty are announced:

Dr. J. M. DA COSTA, Phys. Penna. Hospital.
" R. J. LEVIS, Surg. Philada. Hosp. and Wills' Ophthal. Hosp.
" J. A. MEIGS, late Prof. Penna. Med. College.
" W. H. PANCOAST, Surg. Philada. Hospital.
" F. F. MAURY, " " "
" S. W. GROSS.

M. Diday and the Homœopaths.

"SINCE 1861," quotes the *British Med. Journal* from M. DIDAY, "I have constantly defied MM. the Homœopaths to cure a case of gonorrhœa with homœopathic remedies. I invited them to the Hôpital Antiquaille, but my invitation was refused. But I, on the other hand, was invited to come and see a case treated at the Homœopathic Dispensary of Lyons; and I accepted the invitation. But four months have passed, and I have heard no more of it. Is this civil on your part, *chèrs confrères?* And what will people think? You invite me. I accept; and have now been for four months waiting for you to fix the time and place."

Consolidation of Medical Journals.

The *Dublin Medical Press* and the *Medical Circular* have been consolidated in one journal—weekly—under the name, *Medical Press and Circular.* Both journals have sustained an enviable reputation among our foreign exchanges, and we wish them every success in their new consolidated form. The following extract from the first of January number of the new journal contains a good deal of sound sense, applicable not to Ireland alone:

"The indifferent are those of our profession whose position we regard as most hopeless of amelioration—the men who read neither book nor journal; practice the dilapidated surgery of thirty years ago; lounge through their professional life, ambitionless and lethargic, and die as little known as they are respected; or those who live a life of servility to their own personal interests, locking up within themselves every syllable which could by possibility taint their popularity.

"'Fortune's champions that dost never fight,
But when her humerous ladyship is by
To teach them safety.'

"Can we not inspire these gentlemen with a little ardor in the pursuit of their profession, a desire to be something more respected than a mere medical drudge, who dare have no opinion or action of his own. We tell these gentlemen that the public are too astute not to distinguish between the man thirty years behind the age and the man of advanced thought and information, and that the money and labor which they think they save by their literary parsimony, is ten-fold balanced by the injury which their professional inertia entails. Men may get smiles and fine words by servility to the opinions of others, but they will fall grievously short, even in the eyes of their patrons, of the respect which attaches to honest men."

Coroner's Inquests.

The intelligence of the class of persons from which coroner's juries are commonly recruited is frequently not of the highest character. A correspondent in the *Medical Press* and *Circular* gives the following incident which happened in Liverpool:

Three poor fellows lost their lives while acting as ship-keepers to a vessel lying in the river. The death of the first man was ascribed to natural causes, and the owners employed another man, who shared the fate of the first; a third was put on duty, who also died, and then the matter excited attention, and an investigation was instituted by the Medical Officer of Health, when it became but too evident that the cause of the three deaths was the production of carbonic acid

from the burning of fuel in a close apartment on the deck where the poor fellows slept at night. A post mortem examination fully verified the opinion. During the course of the inquiry, the following colloquy occurred between Dr. Trench and one of the jury:

Juryman—Do you mean fixed "hair?"

Dr. Trench—Yes.

Juryman—Is it the same as when "hoil" of vitriol is poured upon lime?

Dr. Trench—Yes.

Juryman—Then I never heard of that being poisonous.

Dr. Trench—Indeed! Then you are somewhat behind the age.

Finally, however, the jury were brought to agree with the medical witnesses, and bring in a verdict in accordance with the evidence.

Correspondence.

DOMESTIC.

Asiatic Cholera.—Contagion and Quarantine.

Editor Medical and Surgical Reporter:

In the Reporter of the 24th of February, I stated what I believed to be the true and generally received theory in relation to the question of the contagiousness of cholera:—a theory which, and which alone, will explain all the phenomena exhibited by the disease. I also promised in another paper to consider the question of the utility of quarantines for the prevention of cholera.

Before fulfilling this promise, I wish to state, briefly, a few reasons why, as physicians, we cannot believe that cholera is contagious. These reasons are drawn from the well known and acknowledged character and phenomena of the disease.

The negative proofs that cholera is not contagious are innumerable, and overwhelmingly convincing. I have already given these, partially and briefly, to the public, in a pamphlet entitled, "*A Tract for the People.*"

Looking at the acknowledged character and phenomena of cholera, we find, *first*, that after the characteristic symptoms of the disease are fully established in the system, its progress can be cut short, and the disease be perfectly arrested. In fact this is the most important feature and object in the treatment of cholera, namely, to arrest the progress of the disease; and it is universally acknowledged that in most cases, this can be easily and effectually done in its early stages. Is this true of small-pox, or of any other confessedly contagious disease? Would not the physician who should attempt to cut short the progress of small-pox in the system, after the disease is established, be considered a fool, or insane?

Second. In cholera, there is no definite period of incubation, nor any regular stages of development in its progress and decline, while in all known contagious diseases, these stages are, generally, clearly marked by well known phenomena.

Third. An attack of cholera furnishes no security against a second attack: on the contrary, it is generally supposed that one attack of cholera renders the individual more liable to a second. But in contagious diseases, with rare exceptions, one attack is complete security for life, against a second.

Fourth. Much has been said about caravans of pilgrims, and great lines of travel, and of commerce, as the means of the spread of cholera, and as proof that it is contagious. But the cholera remains quietly for long series of years, almost constantly existing, at the place of its origin in Hindostan, and does not extend beyond that region, though the caravans of pilgrims are annually crowded, and the lines of travel and of commerce are constanly open, and filled with human beings. Could this be true of any strictly contagious disease, or of any disease which did not depend upon an atmospheric cause for its propagation, independent of human beings?

Fifth. It is an established law of cholera, abundantly confirmed by our experience in this country, that the prevalence of the disease is in inverse ratio to the level of the sea, or of large rivers or bodies of water in the vicinity. It has never prevailed, *epidemically*, on land much elevated above large bodies of water, or rivers in the neighborhood. It may follow the course of rivers into mountainous districts; but will not extend far from the banks of the rivers.

There are hundreds of villages, and many large districts of territory, in this country, where a case of cholera never was known, though in constant daily communication with cities when the epidemic was raging. Was it ever known or suspected that any such law of elevation existed in relation to any strictly contagious disease?

Sixth. Cholera is uniformly checked in its progress by cold weather, and prevails most severely in hot weather. Small-pox, on the contrary, and other contagious diseases which do not depend upon actual contact, prevail most severely in cold weather, and are, *comparatively*, inactive during

the heat of summer. I can establish this beyond controversy, by statistics.

Cold preserves contagion; heat destroys it. The virus of small-pox is preserved by cold, and will retain its power to propagate the disease for weeks and months in our cold winters, while this power will be totally destroyed by a few days free exposure in summer.

I am aware that a well known physician, Dr. SAYRE, of New York city, has recently stated, officially, that "the cholera is a disease uninfluenced by temperature, and can as easily be introduced into New York in mid-winter as in mid-summer, and introduced, would produce more frightful ravages at this season than in the summer."

I am also aware that, recently, a distinguished physician in Philadelphia has partially endorsed this doctrine; but notwithstanding this eminent authority, I am willing to repeat the statement that "cholera is checked in its progress by cold weather," and leave it to the knowledge of facts, and the common sense of the whole profession to say whether it is true or not.

The only reason given for this statement is the fact that cholera once prevailed severely in some portions of Russia in the winter. But this single fact, when fairly and *fully* stated, furnishes no grounds whatever for the statement that "cholera is a disease uninfluenced by temperature." The cholera never did prevail *generally*, in Russia, in the winter season; but in one instance it did prevail severely among a small portion of the population, though generally checked throughout the empire.

The population which suffered from cholera in Russia, in the winter, was living under different circumstances from those of any other population, in any civilized country on the globe. They were living in half-underground huts, in which a temperature was maintained equal to, if not greater than that of summer. In these huts, human excrements, and every variety of the most disgusting filth were constantly accumulating, and ventilation could hardly be said to exist. Of course, the impure air arising from the decomposition of filth, and from crowding, was greater than in the summer, and furnished in active exercise, all the local conditions necessary to produce cholera.

But in the greater portion of the Russian empire, as well as in all Europe, and in this country, the disease was then, always has been, and is at the present moment, checked by cold weather.

In our southern and western cities, the weather has been warm enough, in several instances, to allow the cholera to prevail severely in the winter; but in the most of those cities its worst ravages have been in the summer.

The true theory upon the subject is probably this: The primary cause of cholera, the epidemic constitution of the atmosphere, may exist and be present in a community in cold weather, and the reason that it does not produce its specific effects, generally, at that season, is because the cold usually prevents the decomposition of filth, and consequent production of impure air, necessary, in connection with the atmospheric cause, to produce the disease to any great extent.

When, however, this decomposition and impure air do exist in winter, in connection with the atmospheric cause, the cholera may prevail; and the fact that we do not hear of marked cases of Asiatic cholera, during the present winter, in any of our cities, north or south, *is proof to me that the atmospheric cause of cholera is not yet present in this country*. It is also sufficient to suggest a possible doubt whether the disease will appear here on the opening of spring. We should remember, however, that in the winter of 1831–32, we had no special indications of the presence of the atmospheric cause of cholera, and that the disease did not appear until June of the latter year.

But in closing this too lengthy communication I wish to make a single quotation upon the subject, which is full of true philosophy, and as existing events show, was a most apt and correct prophecy. It is from the pen of Dr. E. D. FENNER, of New Orleans, and was written in 1854. The italics are his.

"Since cholera has become so common a disease, nothing is said now-a-days of its *contagiousness*, or communicability from person to person. The thousands upon thousands of cases which have been observed *to display no such power*, seem to have settled the vexed question *for the present;* yet, if the disease should disappear, and return again after a lapse of ten or fifteen years, all this will be forgotten, and memory will cling alone to those traditions and opinions which, though founded in error, coincide more fully with popular apprehensions."

This prophecy is being fulfilled literally at the present time; but if the cholera shall again visit us epidemically, during the present year, the existing clamor of a few in favor of contagion and quarantine, will be silenced before the end of the year, and the voice of the profession will be, as it has been, nearly unanimous that Asiatic cholera is not contagious, and that quarantines are utterly useless to prevent its *epidemic* prevalence.

The subject of quarantine must be again deferred.

EDWIN M. SNOW, M. D.

Providence, R. I., Feb. 26, 1866.

NEW YORK CORRESPONDENCE.

The best apparatus for inhaling laughing gas—Dr. Clark *on cholera—A good sanitary measure.*

In reading the many regrets expressed in your journal with reference to the want of a proper apparatus for administering laughing gas, I have been at a loss to know why that most admirable and ingenious contrivance of Prof. Vanderweid, of Girard College, one of your own institutions of wide renown, has not been alluded to. This useful invention has for its object the generation, of nitrous-oxide, its purification, and above all, an arrangement by means of which the gas may be inhaled; but, when the old air within the lungs is expired, by an excellent method, it goes through another tube and is absorbed as to its impurites in a prepared jar. This is a feasible, durable, and beautiful machine, worthy of popularity and eminently fitted for the designed purpose. Dr. Vanderweid showed the whole process to me some three years ago, when he was Professor at the Cooper Institute, and from its easy workings, I anticipated a speedy success and universal endorsement.

Dr. Alonzo Clark, of this city, is delivering a course of most instructive lectures on "cholera," before the medical college of which he is Professor. It is to be hoped that, when completed, they will be collected in some pleasing shape, the better to preserve the emanations of so wise a man, and render it practicable for the young in medicine to avail themselves of the aphorisms of experience. The New York Academy of Medicine will discuss the subject at its next meeting.*

One feature in the new "Health Regulations" is worthy of mention, for it relates to a sanitary measure full of import.—All those persons who have water-closets in their houses, will be forced to clean out and fill in their garden privies.

Samuel W. Francis, M. D.

Epidemic or "Army" Itch.

Editor Medical and Surgical Reporter:

Having noticed in your valuable journal some articles in reference to "epidemic or army itch," and its treatment, I will take the liberty of giving your many readers my treatment, which has proved very successful in this truly miserable disease, which is and has been very prevalent in this vicinity for the last two years; probably more so from our nearness to the oil region, where there is a floating population composed of all kinds of people and from all parts of the globe. In the treatment of this cutaneous difficulty, I have tried several remedies, but have found none that is so efficacious as the sulphuret of potassa in the form of a lotion of the strength of one scruple to the ounce of soft water, to be applied thoroughly every evening, whenever there is any eruption or itching. If this should be found too strong for some cases, it is very easily reduced by adding more water. I find there is quite a difference in the sensitiveness of the skin in different subjects. It should always be used strong enough in these cases to produce a tingling and smarting of the surface. After using this medicine for three days, the patient should be thoroughly washed with soap and warm water, and then, if the eruption still exists, the medicine should be applied as before. During the treatment of this disease, sulphur should be administered internally, sufficient to act gently upon the bowels.

I find this course of treatment to be as much of a specific for this "epidemic itch" as quinine is for ague. I hope those of the profession who have not tried this remedy, will avail themselves of the opportunity of doing so.

H. A. Spencer, M. D.

Erie, Pa., Feb. 13, 1866.

Suppressing the Sale of Quack Medicines.

Editor Medical and Surgical Reporter:

Owing to the anticipated appearance of the cholera in our country the coming season, the authorities and medical faculty of New York and Brooklyn are making exertions to improve the sanitary condition of these cities. The intention is to establish a legalized sanitary commission, the principle object of which is, if I understand it rightly, to insure proper quarantining, the cleanly condition of the streets, and to prevent over-crowding in dwelling-houses. All these sanitary improvements have been freely discussed, but I have heard nothing said about the indiscriminate use of quack medicines, which certainly is a fruitful source of disease. Having the privilege of visiting, daily, a public medical charity, I see much of the evil arising from such drugs. Think of a tuberculous child, feverish and fretful, who, because he occasionally rubs his nose, is obliged to take a semi-weekly dose of Mr. Parasite's Vermifuge, and an anæmic girl, with amenorrhœa, taking numerous doses of Mrs. Freelove's Pills—a sure cure for all female obstructions.

If such medicines are not as prolific in manufacturing candidates for cholera as dirty streets and crowded dwellings, they are certainly worthy of careful attention.

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* Our correspondent will be pleased to find the commencement of Dr. Clark's lectures in this number of the Reporter. The discussions before the Academy of Medicine will also appear the week following each session.—[Editor Med. & Surg. Reporter.

But I write to know if a health officer has, or will have, the power to suppress the sale of noxious drugs, if considered necessary for the preservation of public health. I know that a butcher cannot sell meat if at all suspicious in quality, and a milkman's cart can be stopped in the street, and his milk destroyed, if it is adulterated; but can a health commissioner prevent the sale of quack drugs, which are, beyond doubt, injurious to the health of our people, notwithstanding the testimony of many clergymen and ecclesiastical papers to the contrary? This is what I want to know. If you can give me any information on this subject, you will oblige me. If you cannot, please give my inquiry a place in your valuable paper, where it will come to the notice of those who, perhaps, can.

ALEX. J. C. SKENE, M. D.

196 *Atlantic st., Brooklyn, N. Y., Feb. 6, 1866.*

☞ The Faculties of the Medical Colleges of this city and New York are agitating the question of raising their fees from fifteen to twenty-five dollars. We understand that the proposition comes from the New York schools. If fees must be raised, why go above twenty dollars?

News and Miscellany.

Insane Department of Philadelphia Hospital.

In his annual report to the Board of Guardians of the Poor, Dr. S. W. BUTLER, Physician and Superintendent of the above institution, gives the following account of its operations for the year 1865:

On January 1, 1865, there were in the institution 562 patients, 202 men and 360 women. There were admitted in 1865, 165 men and 194 women, 359 in all, giving a total of 921 who were under treatment during the year. The daily average of patients was 198 men, 378 women, 574 in all.

During the year there were 353 patients discharged, as follows:

	Men.	*Women.*	*Total.*
Discharged cured,	82	92	174
" improved,	27	24	51
" unimproved,	7	9	16
Died,	52	60	112
Total,	168	185	353

December 31st, 1865, there remained in the institution 199 men, 369 women, 568 in all, showing an increase for the year of only *six*, there being an actual diminution of *three* men, and an increase of *nine* women.

In the care of these patients twenty-six persons are employed, who are aided by the labor of thirty-two paupers.

In the report tables are given showing 1. The admissions and discharges for each month during the year; 2. The daily average of patients treated during each month of the year; 3. The nativity of the patients; 4. The per centage of nationality; 5. A table showing how many were discharged, cured, improved and unimproved, and who died during each month; 6. Time of residence of those discharged; 7. Causes of death; 8. Report of the vegetables raised by the patients in the garden; 9. Report of work done in the shoe shop; 10. Report of work done in the sewing-room.

The Hospitals and Almshouses of Massachusetts.

Gov. ANDREWS, in his late message to the Massachusetts Legislature, says:

That class of dependants known as State paupers receives but a slight measure of outside relief, and is distributed among the three Lunatic Hospitals, the three State Almshouses, and Rainsford Island Hospital.

These institutions are unlike in their forms of government and modes of support. The Lunatic Hospitals accommodate town and private patients, as well as the State pauper insane. The latter are received for $3 25 per week, and numbered, at the close of the year, 478. The aggregate of their bills for the year 1865 will be $84,000. At the close of 1862 they numbered 692, and were supported at $2 25 per week, and their total cost was $100,000. This is a creditable reduction.

The State Almshouses have averaged 1919 inmates, which is less than in any year save one of their existence. The cost for 1865 will not vary much from $160,000.

The Hospital at Rainsford Island has averaged 68 inmates, whose support has cost $26,000.

The total expenditure for State paupers in the charitable institutions is therefore about $270,000, for an average of some 2490 inmates.

A Race of Pigmies in Africa.

An English paper says: "If we are to believe M. DU CHAILLU, the dwarf inhabitants of Western Africa are a peculiarly exceptional race. They have only short tufts of hair upon their heads, and are thus strikingly different from the less nomadic races, whose heads are covered with hairy turrets. They have a wild, anxious, and timorous expression in their eyes. Although M. DU CHAILLU gave several beads to induce some of them to remain, and was brought to them stealthily by the natives, all the men, except a young adult disappeared, leaving a few women behind. It would appear that his visit alarmed them; for, although he stayed a week in the adjacent village, the Obongo—as they are termed—were no more to be heard of. The following are the measurements he was enabled to make: The only adult male measured 4 feet 6 inches; but as one of the women reached 5 foot and half an inch, (she being considered extraordinary tall,) M. DU CHAILLU has no doubt that some of the men are equally tall, or even taller. The other women whom he measured had the following heights: 4 feet 8 inches; 4 feet 7½ inches; 4 feet 5 inches; and the smallest 4 feet 4½ inches. He considers the average height to be from 4 feet 5 inches to 4 feet 6 inches. The smallest woman had the largest head, viz., 1 foot 10½ inches in circumference; the smallest was 1 foot 9 inches around."

Archæology.

The Archæological Academy of Belgium have organized an international congress in conjunction with the French Archæological Society, which is to take place at Antwerp. The following questions, among others, will be discussed at the meeting: On the duties of the Legislature as regards the preservation of historical monuments; on the most rational methods of arranging historical records; on the principles to be observed in the restoration of ancient buildings of various styles and periods; on the character of the schools of painting of Liege and Tournay, and their influence on the development of the Flemish school; on the special characteristics of the ancient Celtic and Gaulish divinities; on the influence of the Roman legions on the spread of Christianity among barbarous nations; is it possible to establish the birthplace of Rubens by authentic documents? Was America discovered by the Northern nations before the expedition of Christopher Columbus? The Minister of the Interior has accepted the office of Honorary President, and has granted a subsidy to assist in defraying the expenses of the congress.

—— Professor Agassiz's explorations on the main stream of the Amazon alone have resulted in the discovery of no less than *eleven hundred and sixty-three* species of fish, which is a greater number than exists in the Mediterranean. In the great branches of the Amazon—the Madeira, (2200 miles long,) the Purus, (1400 miles,) the Rio Negro, Tapajos, Tocantins, Ica, and Japura, (each more than a thousand miles long,) it is estimated that there are several hundred more species differing from those of the main stream.

—— Ovariotomy in France.—This operation was lately performed by M. Labbé, on a patient, aged twenty-nine, with complete success; and it should be noted that a spacious room in the outskirts of Paris was secured, in order to give the patient, placed under the care of Dr. Frémy at the Beaujon Hospital, all possible hygienic advantages. The tumor was multilocular, and weighed with its contents about forty pounds; the clamp was used, and in eighteen days the patient could take a walk in the garden.

—— Dr. Fischweiler, a learned German physician, who died at the age of 109 years, ascribes his longevity to a constant habit of sleeping with his head to the North and his feet to the South. From persisting in this habit, the learned doctor considered that the iron contained in our system, finding itself in the direction of the magnetic currents which are constantly flowing over the surface of the globe toward the North Pole, becomes magnetized and thus increases the energy of the vital principle.

—— An Italian physician has recently discovered a remedy for certain forms of neuralgia. Attributing the obstinacy of the disease (trifacial neuralgia) to the variations of temperature so frequent in Sicily, he adopted the expedient of covering all the painful parts with a coating of collodion containing a certain proportion of hydrochlorate of morphine. This treatment was perfectly successful; the relief was instantaneous and permanent, and the coating fell off in the course of one or two days.

—— Mr. Tristram, the English naturalist, together with Dr. Gunther, a German savant, and other men of science, have lately explored Palestine with the view of collecting the materials for a description of the botany and natural history of the Holy Land. Mr. Tristram has already given, in his "Land of Israel," a description of the birds and mollusks, and Dr. Gunther of the reptiles and fishes of the Holy Land, and other works are soon to follow.

—— Dr. R. J. Breckinridge, of Kentucky, a son of the Rev. Wm. L. Breckinridge, D. D., and a cousin of Gen. John C. Breckinridge, has become a citizen of Houston, Texas, and engaged in the practice of medicine, after having served in the Confederate army till the close of the war.

MARRIED.

Dunn—Woolsey.—In Brooklyn, N. Y., February 8, by the Rev. D. V. M. Johnson, A. A. Dunn, M. D., of Chicago, and Nellie M., daughter of the late Lieut. W. G. Woolsey, U. S N.

Snyder—Butler.—At Wilkesbarre, Pa., Feb. 15, by Rev. C. J. Collins, S. M. Snyder, M. D., and Miss Mary Ann Butler, both of Danville, Pa.

DIED.

Barclay.—Feb. 16, Mrs. Augusta, wife of Dr. Barclay, and daughter of Jos. Baldwin, of Newark, N. J., in the 36th year of her age. Buried at Freehold, N. J.

Beardsley.—At his residence in Brooklyn, Feb. 19, Dr. H. G. Beardsley, formerly of Hamilton, N. Y., aged 60 years.

Brown.—In Groton Junction, Mass., Feb. 13, Mary Frances, wife of Dr. J. D. Brown.

Butler.—In Baltimore, suddenly, Feb. 19th, Dr. John J. Butler, in the 34th year of his age.

Cameron.—February 14th, 1866, of inflammation of the brain, Josie G. Cameron, aged 18 months and 16 days, infant son of Dr. J. G., and M. Louisa Cameron.

Clement.—In New York, Feb. 24, Abraham D Clement, M. D., in the 65th year of his age.

Conant.—Feb. 20, Mrs. Mary W. Conant, wife of the late Dr. D. S. Conant, of New York.

Kane.—In this city, Feb. 11, Mrs. J. D. L. Kane, widow of Hon. J. K. Kane, and mother of the late Dr. Elisha Kent Kane, the Arctic Explorer.

Monell.—In New York, Feb. 19, Carrie, youngest daughter of Dr. J. S., and Mary Monell.

Robertson.—Feb. 18th, in Norristown, Pa., Dr. Edward Robertson, late of Providence, R. I., in the 36th year of his age.

Rogers.—In Quincy, Ill., February 9, of chronic affection of the lungs and throat, Dr. Hiram Rogers, aged 58 years.

Tatham.—February 3, 1866, at her residence in Hazel Dell, Cumberland county, Ill., Mrs. Olive B., wife of George M. Tatham, and daughter of Dr. J. F. Knowlton, aged 25 years.

Washburn.—At the Seaman's Retreat, Staten Island, Feb. 20, Dr. S. D. Washburn, House Physician of the Institution, in the 44th year of his age.

White.—In Baltimore, Feb. 18th, Dr. Elias A. White, in the 45th year of his age.

METEOROLOGY.

Feb. 1866,	12,	13,	14,	15,	16,	17,	18.
Wind	N. E.	N.	S. E.	N. W.	N. W.	W.	S.
Weather	Cl'dy. Rain.	Cl'dy.	Cl'dy.	Clear. High Wind.	Clear.	Clear.	Cl'dy, Rain.
Depth Rain							9-10
Thermometer.							
Minimum	40°	28°	25°	19°	0°	8°	15°
At 8 A. M.	50	37	35	25	6	22	26
At 12 M.	50	42	43	23	15	31	38
At 3 P. M.	49	40	44	22	16	33	39
Mean	47.25	36.75	36.75	22.25	9.25	23.50	29.50
Barometer.							
At 12 M.	29.8	30.1	30.	30.	30.7	30.8	30.4

Germantown, Pa. B. J. Lemon.